



Cause We Care  
FOUNDATION

## FUNDING APPLICATION

In an effort to ensure that Cause We Care Foundation's contributions are put to those initiatives that assist single mothers and their children in our community, we have established a funding application that assists us in following our funding guidelines.

Please complete the application and submit to:

**Cause We Care Foundation**

Attn: Valerie Dib

valerie@causewecare.org

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| <p><b>1. Organizational Information:</b><br/><b>Organization Legal Name:</b> (If the legal name of the organization is different from its operating name please indicate both here)</p>   |
| <p><b>Charitable Registration Number:</b></p>   |
| <p><b>Type of Organization (please select one) and year founded:</b></p> <p><input type="checkbox"/> Registered Charity<br/><input type="checkbox"/> Non-Profit<br/><input type="checkbox"/> For Profit (Business)<br/><input type="checkbox"/> Municipality<br/><input type="checkbox"/> Other (please describe)</p> |
| <p><b>Address:</b></p>  |
| <p><b>Website Address:</b></p>  |
| <p><b>Organization Phone:</b></p>   |
| <p><b>Who is the primary contact person for this request?</b> (Please provide the full name, title, phone number and e-mail address)</p>  |

FUNDING APPLICATION

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| <p><b>2. Please tell us what your organization does</b> (i.e. mandate, mission, purpose, overall program/projects) <b>and provide a summary of the organization's history, major accomplishments in the past 3 years, and current sources of funding.</b></p> |
| <p><b>3. Board of Directors</b> – Please describe the role and involvement of your Board of Directors.</p>  |
| <p><b>4. Who is the Executive Director/President/CEO of the Organization?</b><br/>(Please provide the full name, title, phone number and e-mail address)</p>  |
| <p><b>5. Staff</b> – Please provide a summary of the staffing of the organization.</p>  |
| <p><b>6. Volunteers</b> – Please provide a description of the role of volunteers in your organization.</p>  |
| <p><b>7. Please provide written confirmation that all tax and corporate filings are up to date.</b></p>   |
| <p><b>8. What is your organization's annual operating budget?</b></p>   |
| <p><b>9. What is the name of the program you are requesting support for, and how will the funds be used?</b></p>  |
| <p><b>10. What is the total dollar amount of your request?</b></p>  |

FUNDING APPLICATION

**11. Cause We Care Foundation invests in the success of single mothers. How will the requested funds be used to support single mothers and their children in your organization? How many single mother-led families do you anticipate serving in this program?**

**12. Do you have any additional funders involved in this initiative? Please explain.**

**13. What is your program-specific budget? Please provide an overview of your program budget including a basic overview of sources of revenue and expenses.**

**14. Please specify the start and end dates of the initiative.**

**15. Cause We Care supports programs and initiatives that support Single Mothers to achieve three primary outcomes:**

- **Improved economic security** (Improved housing, employment, financial support)
- **Increased personal capacity** (Improved education, improved mental health and well-being, improved support networks/reduced isolation, etc.)
- **Improved opportunities and well-being for their children** (Improved access to program and services to support children's needs)

Please explain how your program has or will effectively achieve one, any, or all of these intended outcomes.

**16. What measurable indicator(s) will determine that you have been successful in achieving the above-described outcomes? What evaluation tools do you use to measure your program's success and how will you specifically measure your program's impact on single mothers**

**OTHER**

Please attach copies of the audited financial statements for the past two years and the program budget. If not available, include a copy of your most recent unaudited financial statements. If you are a section

**FUNDING APPLICATION**

of a larger organization (i.e. a school program) please describe the funding provided to you by your parent organization. Please provide any other relevant information you feel would be helpful.

**Disclosure Agreement**

By submitting this application, you:

- (a) confirm that the information contained herein is true and accurate to the best of your knowledge; and
- (b) consent to Cause We Care Foundation collecting and using any of your personal information that is contained in this Application and any other personal information that has been or which may be subsequently disclosed by you to Cause We Care Foundation for Cause We Care Foundation to consider and respond to this Application and for Cause We Care Foundation to communicate with you on subjects and events relevant to the Cause We Care Foundation funding application.

I have read the Disclosure Agreement and agree to all the terms therein:

\_\_\_\_\_  
Authorized Signatory Print Name:

Date: \_\_\_\_\_

For Office Use Only

Date Reviewed:

CWC Initials: